



## Financial Assistance Application Process

Return this application along the following documentation: **Camp registration form, two current pay stubs, your most recent tax return and any food or housing assistance paperwork.** Submit these documents as soon as possible for the best chance of receiving assistance. Please understand that funds are limited, based on donations received through the YMCA Partner's Campaign, and are granted on a first-come, first-serve basis. Also keep in-mind that camp fills quickly. **Please note that one registration form and one financial assistance form must be completed for each child.**

### To apply for financial assistance:

- Complete the financial assistance application. **Attach your Camp Shady Brook registration form and all back-up documentation.** These items can either be hand delivered or mailed to our administrative office, or faxed to the number below.
- Processing may take up to two weeks. We will notify you as soon as possible regarding your rate. Please ensure you complete the contact information clearly e.g. email, phone
- The YMCA will send you a letter verifying whether or not your application has been approved, and the amount of assistance awarded. The letter will have a space for your signature to accept Y Assist terms. Please return the signed letter to our office as soon as possible as spaces at camp cannot be reserved until we receive it.

Many people need financial assistance at some point in their lives. Y Assist is intended to be temporary. You must reapply every year. The YMCA is a human services organization dedicated to building strong kids, families, and communities through programs that develop spirit, mind, and body. We invite you to join us as we provide opportunities for everyone to exercise the values of caring, honesty, respect, and responsibility.

Please return the completed form and camp registration to:

**YMCA Camp Shady Brook**  
**316 N Tejon St,**  
**Colorado Springs, CO 80903**  
**Office: (719) 329-7266 (call with any questions)**  
**Fax: (719) 272-7026**



# YMCA of the Pikes Peak Region

## Financial Assistance Application for Camp Shady Brook

Please complete for EACH child. Thank you.

The YMCA will strive to assist any individual/family who wants to participate in a program but cannot afford the fees. Anyone requesting financial assistance for a YMCA program must complete this form and attach proof of income to be reviewed. All applications will be reviewed and you will be notified by mail if you qualify for assistance.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Program Requested: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian (1) Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Work # \_\_\_\_\_

Salary: \_\_\_\_\_  Hourly Wage: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Marital Status:     Single         Married         Separated         Divorced         Widowed

Parent/Guardian (2) Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Address \_\_\_\_\_ Work # \_\_\_\_\_

Salary: \_\_\_\_\_  Hourly Wage: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

**Income per month**

**Expenses per month**

Salary/Wage (s): \_\_\_\_\_

Rent/Mortgage: \_\_\_\_\_

Public Asst: \_\_\_\_\_

Food: \_\_\_\_\_

Child Support: \_\_\_\_\_

Utilities: \_\_\_\_\_

Alimony: \_\_\_\_\_

Transportation: \_\_\_\_\_

Other: (explain): \_\_\_\_\_

Child Care: \_\_\_\_\_

\_\_\_\_\_

Medical: \_\_\_\_\_

**Total Income:** \_\_\_\_\_

Other: \_\_\_\_\_

**Amount I can pay:** \_\_\_\_\_

**Total expenses:** \_\_\_\_\_

(Participants are expected to pay their fair share. The YMCA will assist any individual/family who wants to participate but cannot afford the fee.)

Please list any special circumstances which you feel should be taken into consideration during the review of this application:

\_\_\_\_\_

Total number of people in the household: \_\_\_\_\_

Please list the names and ages of any other children living with you:

| Name  | Age   | Name  | Age   | Name  | Age   |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |

Application Attestation: I certify that the information I have provided within this application is true and correct to the best of my knowledge. I give my consent to the YMCA to verify any or all of the information on this application:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All sections must be complete and proof of income in the form of the most recent tax return and one month's pay check stubs and camp registration form must be attached in order to be reviewed.**

|  |
|--|
| For Office Use Only: Date Rec'd: _____ Amt. Awd: _____ Amt. Due: _____ Apprvd. By: _____ Date Compl: _____ |
|--|